



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
CHILD CARE FACILITY
INSPECTION REPORT**

REASON		GRADE	Inspection Date:	ESTABLISHMENT NAME:	
Regular	<input checked="" type="checkbox"/>	NA	1/18/17	BATON, DAMINA N.	
Follow-Up			Time In/Out:	OWNER/OPERATOR:	
Complaint			10:00 10:30	BATON, DAMINA N.	
Investigation		RATING	Sanitary Permit No.:	LOCATION:	Establishment Type:
Other:		NA	20000-16002729	YIVU	FOLH
			PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired		
No. of Children: <u>1</u> Male <u>1</u> Female <u>2</u> Total			Child Care License No.: <u>NA</u> / / Valid / / Provisional / / Expired		

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

ITEM*	REMARKS	DEMERIT	CORRECT BY
	A REGULAR INSPECTION WAS CONDUCTED.		
	PREVIOUS INSPECTION CONDUCTED ON		
	11/24/16 (N/A)		
	THE FOLLOWING WAS OBSERVED:		
	NO VIOLATIONS		
	PIC STATES THAT SHE IS NO LONGER		
	OPERATION		
	MS. BATON'S DAUGHTER STAYS HOME TO		
	WATCH HER CHILDREN.		
	SHE ^{IC} PIC STATES SHE HAS NOT RECEIVED		
	ANY GRANTS FOR THE CURRENT QUARTER		
	BRIEFED PIC DAMINA BATON ON ABOVE		

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:
(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title):

Danuta N. Porter

DEH Inspector (Name & Title):

J. CARL *12PNU1*